PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

SUBSTITUTE PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence. address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

uddiess, undroi (b) maic	ming a separate TEE 70	DIDICIDID IO	municituic	e ice nomiculous.			
CURRENT CORRESPONDENCE	URRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any co			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or			
20101	1590	0112312003		formal drawing, must transmission.	have its own certificate of	mailing or	
				Certif	icate of Mailing or Trans	mission	
				I hereby certify that the	his Fee(s) Transmittal is be	ring deposited with the	
FISH & RICHARDSON P.C.				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above.			
P.O. Box 1022				or being facsimile transmitted to the USPTO, on the date indicated below.			
Minneapolis, MN 55440-1022				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/695,371	10/21/2003			V. Yonge III	04838-0075001	6509	
TITLE OF INVENTION; CONTENTION-FREE ACCESS INTERVALS ON A CSMA NETWORK							
TITLE OF INVENTION: CO.	NTENTION-FREE ACCESS I	INTERVALS OF	N A CSMA NE	TWORK			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510		\$300	S1810	10/29/2009	
EVAN	ID III D	ADT	DIT	CLASS-SUBCLASS	1		
EXAMINER TRAN, PHUC H.		ART UNIT 2416		370-445000	J		
CFR 1.363).			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or Fish & Richardson P.C.				
[] Change of consenandance address (or Change of Consenandance age)				contr. OR, alternativals, (2) the name of a single			
Address form PTO/SB/122) attached.			firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent				
[] "Fee Address" indication (or "Fee Address" Indication form			attorneys or agents. If no name is listed, no name 2				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.							
previously submitted to the USFLO of is being submitted under separate cover. Completion of this form is NOT a submitted for fulling an assignment. (A) NAME OF ASSIGNEE							
Intellon Corporation Ocala, Florida							
Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						. , . , , , , , , , , , , , , , , , , ,	
[X] Issue Fee			[] A check in the amount of the fee(s) is enclosed.				
[X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to 				
				Deposit Account Number 06-1050 (enclose an extra copy of this form).			
	IALL ENTITY status. See 37				MALL ENTITY status. See 37 0		
The Director of the USPTO i NOTE: The issue Fee and Po shown by the records of the U	s requested to apply the Issue ablication Fee (if required) wi Intied States Patent and Trade	Fee and Publica ill not be accepte emark Office.	tion Fee (if and d from anyone	y) or to re-apply any previously other than the applicant, a regi	paid issue fee to the application stered agent or; or the assignce	n identified above, or other party in interest as	
	lliott J. Mason, III Reg. No. 5 liott J. Mason, III	56,569/		(Date) Octo	ober 9, 2009		
Typed or Printed Name	Elliott J. Mason, III Elliott J. Mason, III			Registration No.	56,569		
	·						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Conflorinality is specimed by 54 US CF2 and 37 CFR 1.41 This collection is estimated to a ket I crimities to complexe industrying guitering, preparing, and submitting the complexed application form to the USPTO. Time will vary depending upon the individual cases. Any comments on the amount of time by a require to complex of the confloring process of the confloring process of the confloring process of the confloring to the submitted to the confloring to the complex of the confloring process of t							
form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450, DO NOT SEVD FIES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450,							
The Administration Part 1450.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE(S)

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE